

CENTER FOR HEALTH INFORMATION AND ANALYSIS

ENROLLMENT TRENDS

MARCH 2017 EDITION



About this Report

Enrollment Trends monitors health insurance coverage in the Commonwealth of Massachusetts, where coverage is defined by unique Massachusetts residents with primary, medical health insurance within the top 13 commercial payers,¹ MassHealth (Medicaid), and Medicare. Membership counts are sourced from the Massachusetts All-Payer Claims Database (MA APCD) using payer-verified logic and supplemented, where necessary, with data provided directly by commercial payers and state or federal agencies. A list of included payers is on page ii. Current counts represent the most accurate data available. More information on the methods and data sources used in this report can be found in the [technical appendix](#).

Enrollment Trends should not be used to calculate a Massachusetts uninsured rate. Counts exclude smaller payers, third-party administrators, and public programs, as well as those with primary, medical coverage through Veterans Affairs or TRICARE. Counts may also not be completely unique across commercial and/or public payers. CHIA's population-based [Massachusetts Health Insurance Survey](#) found a 96.4% insurance rate among residents in mid-2015.

Enrollment Trends is a recurring report released biannually. This edition includes enrollment data from September 2014 through September 2016. This report is accompanied by a [databook](#), [technical appendix](#), and [MA APCD Programming Code](#). The [databook](#) contains additional dates and population breakouts not included in the main report.

For questions on Enrollment Trends, please contact Ashley Storms, Analytic Reporting Manager, at (617) 701-8269 or at ashley.storms@state.ma.us.

¹ ConnectiCare was removed from reporting based on low Massachusetts enrollment.

Payers Included in Enrollment Trends

Commercial Payer	Data Sources by Lines of Business			
	Private Commercial	MassHealth MCO	Medicare Advantage	SCO, One Care
Aetna ¹	Supp.	N/A	MA APCD	N/A
Anthem ²	MA APCD, Supp.	N/A	CMS	N/A
Blue Cross Blue Shield of Massachusetts (BCBSMA)	MA APCD, Supp.	N/A	MA APCD, Supp.	N/A
Boston Medical Center HealthNet Plan (BMCHP)	MA APCD	MA APCD	N/A	MA APCD
CeltiCare Health (CeltiCare)	MA APCD	Supp.	N/A	N/A
Cigna	MA APCD, Supp.	N/A	N/A	N/A
Fallon Health (Fallon) ³	MA APCD, Supp.	MA APCD	MA APCD	MA APCD
Harvard Pilgrim Health Care (HPHC) ⁴	MA APCD, Supp.	N/A	CMS	N/A
Health New England (HNE)	MA APCD	MA APCD	MA APCD	N/A
Minuteman Health (Minuteman)	MA APCD	N/A	N/A	N/A
Neighborhood Health Plan (NHP)	MA APCD	MA APCD	N/A	N/A
Tufts Health Plan (Tufts) ⁵	MA APCD, Supp.	MA APCD	MA APCD	MA APCD
United Healthcare (United)	MA APCD, Supp.	N/A	MA APCD, CMS	MA APCD

Public Payer	Data Sources
MassHealth ⁶	MA APCD
Medicare Fee-for-Service (Parts A and B)	CMS

Source: Massachusetts All-Payer Claims Database (MA APCD), Supplemental Payer Data (Supp.), Centers for Medicare and Medicaid Services (CMS), Not Applicable (N/A)

Notes: All Commonwealth Care and Medical Security Program membership for BMCHP, CeltiCare, Fallon, NHP, and Tufts was sourced from the MA APCD.

The Massachusetts Health Connector provided additional payer-level enrollment data on coverage purchased through the exchange. ConnectiCare was removed from reporting based on low Massachusetts enrollment.

¹ Some Aetna data remains unconfirmed by payer. See [technical appendix](#) for more information.

² Anthem data includes UniCare.

³ Private commercial membership for Fallon was sourced from supplemental payer data in most cases due to data quality concerns; page 9 of this report includes data from Fallon's MA APCD submissions.

⁴ HPHC data includes Health Plans, Inc.

⁵ Tufts data includes Tufts Health Public Plans (Network Health).

⁶ MassHealth enrollment includes FFS, PCC Plan, MCO, SCO, PACE, and One Care and is sourced from MassHealth's enhanced eligibility submission to the MA APCD, unless otherwise noted. See [technical appendix](#).

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OVERALL MARKET

Total Massachusetts Enrollment

September 2014 - September 2016

Between September 2014 and September 2016, enrollment in private commercial insurance grew by 5% (+193,000 members) to eventually cover 4.2 million Massachusetts residents. This growth was largely driven by increases in subsidized plans sold through the Massachusetts Health Connector. Unsubsidized private commercial enrollment held steady (<1% growth) during this time.

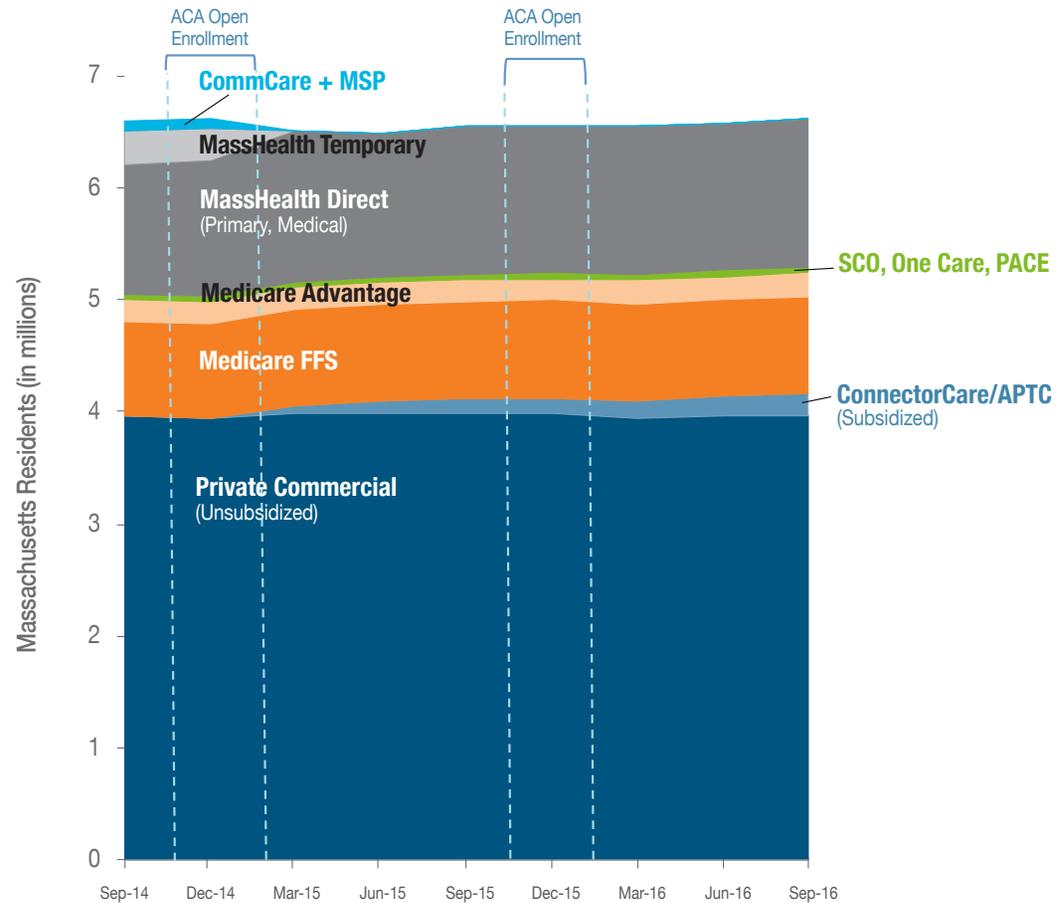
Several public programs in operation at the start of this period (Commonwealth Care, Medical Security Program, and MassHealth Temporary) closed in early 2015. Medicare and MassHealth (Medicaid) each provided primary, medical coverage to more than one million Massachusetts residents. MassHealth Direct enrollment increased by 14% between September 2014 and September 2016.¹

MassHealth Temporary: Temporary coverage for individuals awaiting eligibility determination of subsidized coverage from the Health Connector.

MassHealth Direct: Primary, medical coverage provided by MassHealth, where members have no other primary insurance coverage and are not receiving premium assistance.

Senior Care Options (SCO), One Care, Program of All-inclusive Care for the Elderly (PACE): Specialized managed care programs primarily for individuals with both MassHealth and Medicare coverage.

¹This increase included a portion of the MassHealth Temporary population that re-enrolled in MassHealth after temporary coverage ended in 2015.



Source: MA APCD, supplemental payer data, Massachusetts Health Connector, CMS

Notes: Enrollment Trends counts are not exhaustive for the Massachusetts market, potentially excluding members of smaller payers, third-party administrators, and public programs, as well as those with primary coverage through Veterans Affairs or TRICARE. This report should not be used to calculate a statewide uninsurance rate. "CommCare + MSP" refers to Commonwealth Care and the Medical Security Program. Medicare Advantage counts exclude enrollment in SCO, One Care, and PACE, which are reported separately. Individuals who are dually eligible for MassHealth and Medicare are classified under "Medicare" unless they are enrolled in SCO, One Care, or PACE. See [technical appendix](#) for more information on the treatment of dually eligible members in this report.

The logic used to classify the MassHealth population has changed. Numbers in this report should not be compared to numbers in previously published Enrollment Trends reports. See [technical appendix](#) for more information.

OVERALL MARKET

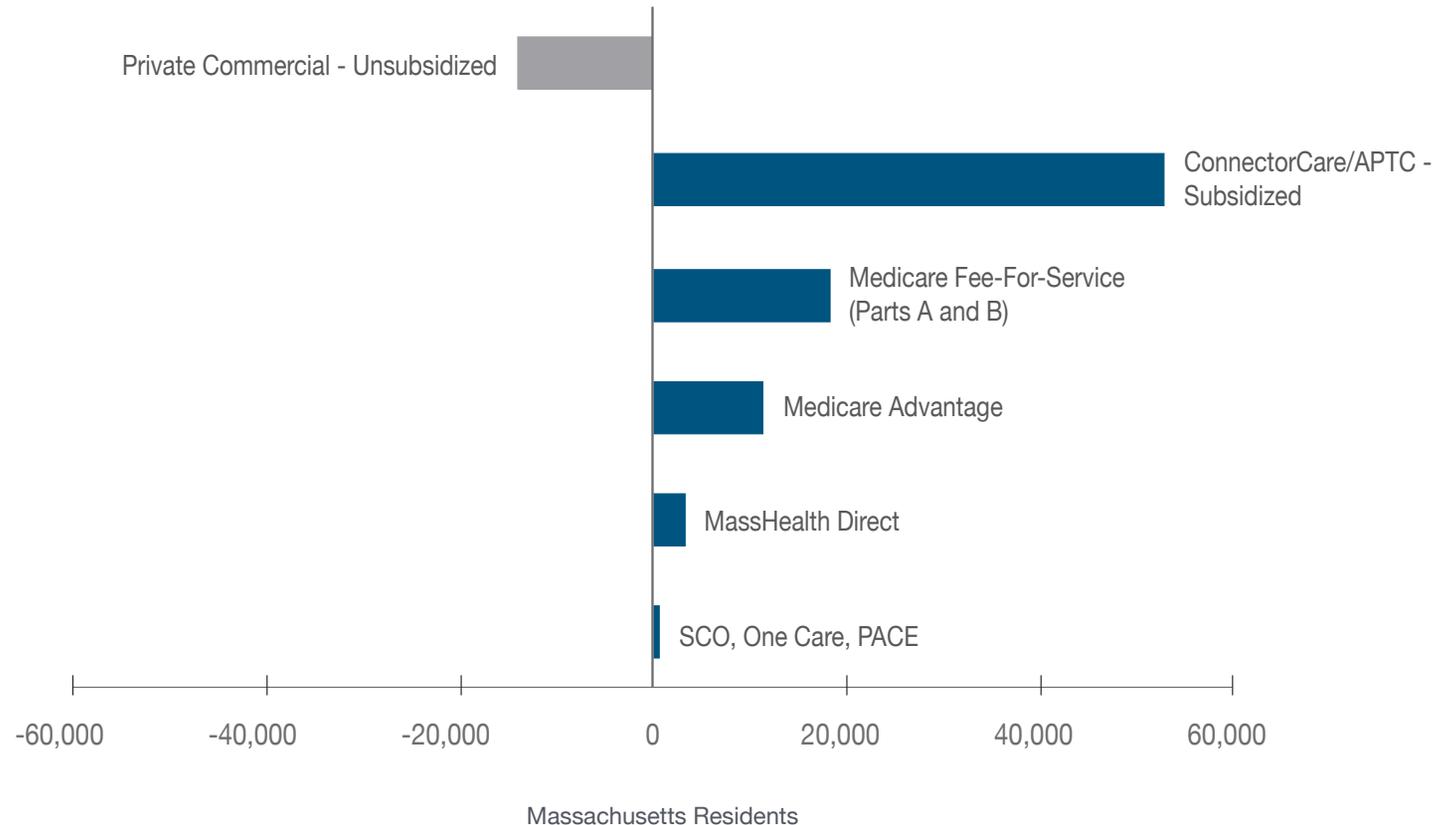
Total Massachusetts Enrollment Changes

September 2015 - September 2016

The number of Massachusetts residents enrolled in subsidized private commercial insurance (ConnectorCare plans or Advance Premium Tax Credits) through the Massachusetts Health Connector increased by 40% (+53,000 members) from September 2015 to September 2016. Membership in Medicare Fee-for-Service (+18,000 members) and Medicare Advantage (+11,000 members) also grew modestly over the year.

Unsubsidized private commercial enrollment declined slightly (-14,000 members, <1% change) from September 2015 to September 2016 despite 2.6% growth statewide in the employed labor force.¹

Note that MassHealth was unable to conduct regular eligibility redeterminations throughout 2014. The process resumed in January 2015, and by December 2015, MassHealth had completed redeterminations for 1.2 million members. MassHealth has indicated that this resulted in an artificially high September 2015 caseload which depresses the calculated growth in MassHealth enrollment from September 2015 to September 2016.



Source: MA APCD, supplemental payer data, Massachusetts Health Connector, CMS

Notes: Enrollment Trends counts are not exhaustive for the Massachusetts market, potentially excluding members of smaller payers, third-party administrators, and public programs, as well as those with primary coverage through Veterans Affairs or TRICARE. This report should not be used to calculate a statewide uninsurance rate. Medicare Advantage counts exclude enrollment in SCO, One Care, and PACE, which are reported separately. Individuals who are dually eligible for MassHealth and Medicare are classified under "Medicare" unless they are enrolled in SCO, One Care, or PACE. See [technical appendix](#) for more information on the treatment of dually eligible members in this report.

¹ Based on seasonally adjusted Local Area Unemployment Statistics from the Bureau of Labor Statistics: <https://www.bls.gov/lau/>

The logic used to classify the MassHealth population has changed. Numbers in this report should not be compared to numbers in previously published Enrollment Trends reports. See [technical appendix](#) for more information.

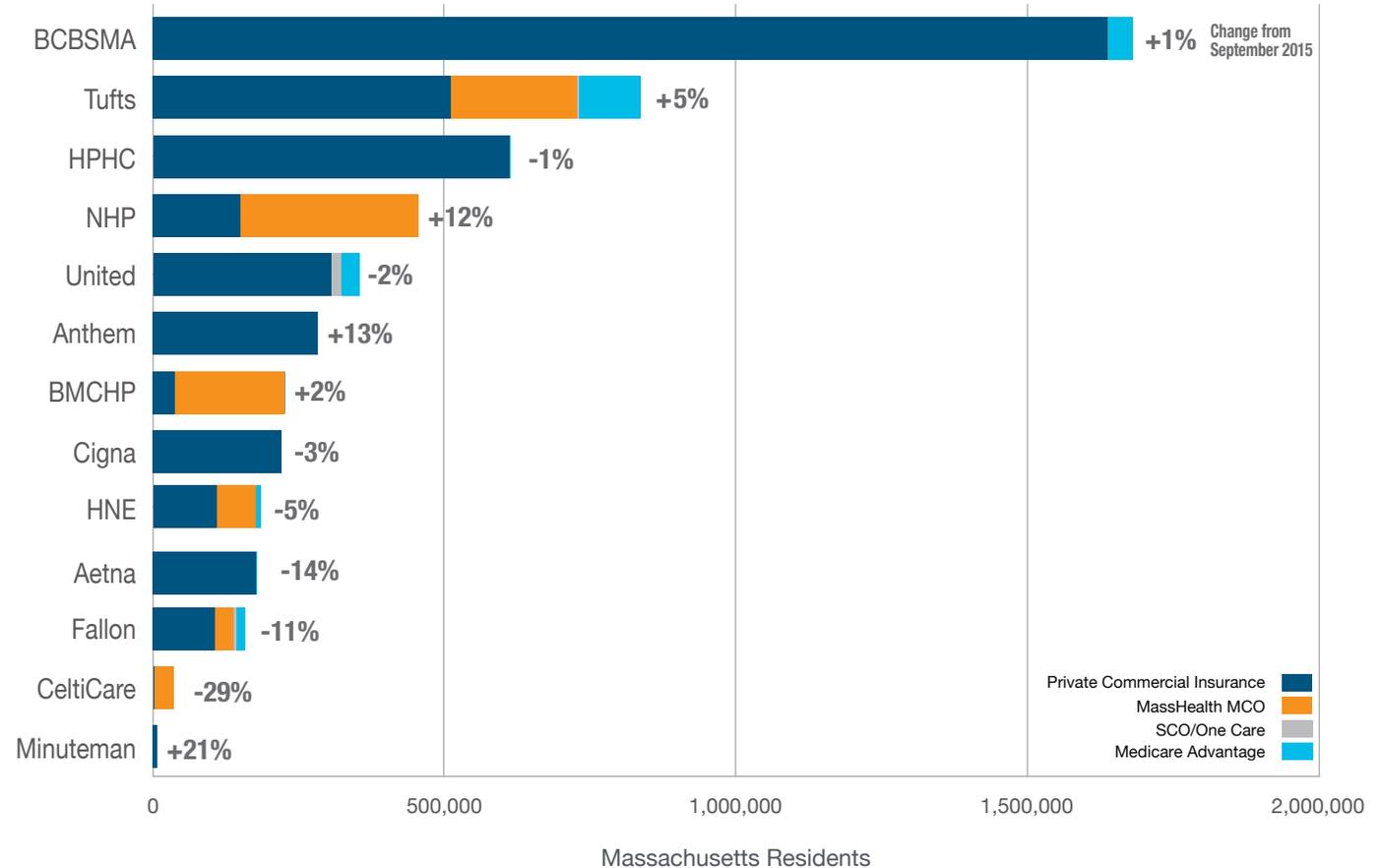
OVERALL MARKET

Commercial (Private & Public) Enrollment by Payer

September 2016

In September 2016, nearly half of Massachusetts residents were enrolled with BCBSMA, HPHC, or Tufts. Among these three payers, Tufts experienced the fastest one-year growth (+41,000 members, +5%), buoyed by membership growth in private commercial and MassHealth Managed Care Organization (MCO) plans offered by its Tufts Health Public Plans division.

Among all commercial payers, Partners HealthCare-owned NHP added the most members between September 2015 and September 2016 (+50,000 members, +12%) due to strong enrollment growth in both its private commercial and MassHealth MCO lines of business.



Source: MA APCD, supplemental payer data, CMS

Notes: Membership for Health Plans Inc. is included under its parent company, Harvard Pilgrim Health Care. Membership for Tufts Health Public Plans (formerly Network Health) is included under its parent company, Tufts Health Plan. MassHealth MCO enrollment figures by plan are sourced from commercial payers' MA APCD submissions; these plan-level totals differ slightly from the MassHealth MCO enrollment total sourced from MassHealth's enhanced eligibility submission to the MA APCD. Medicare Advantage counts exclude enrollment in SCO, One Care, and PACE. See [technical appendix](#) for more information on the treatment of dually eligible members in this report.

Private commercial data includes enrollment in subsidized health plans offered through the Massachusetts Health Connector (ConnectorCare and Advance Premium Tax Credits).

PRIVATE COMMERCIAL

Private Commercial Enrollment

September 2016

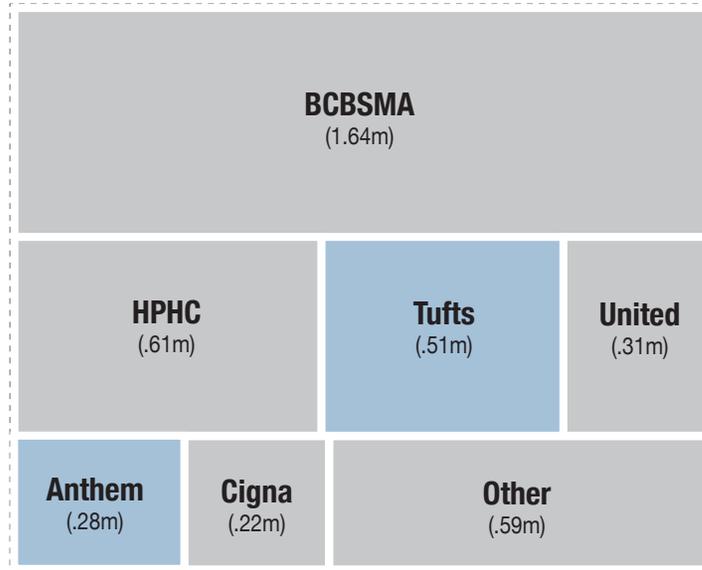
4.15 Million Primary, Medical Members (+1% Since September 2015)

BCBSMA, HPHC, and Tufts retained their positions as the three largest private commercial payers in September 2016, accounting for two-thirds of the private market membership.

The fully-insured and self-insured portions of the private commercial market grew at approximately the same rate (+1%) from September 2015 to September 2016.

Approximately four in ten Massachusetts private commercial members were enrolled in HMO plans in September 2016, while a third had PPO plans.

By Payer



Change Over Past Year

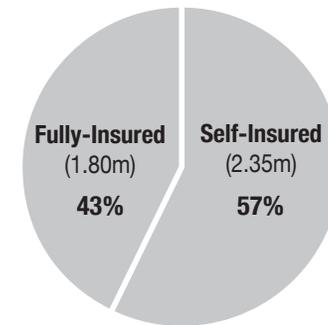


Source: MA APCD, supplemental payer data

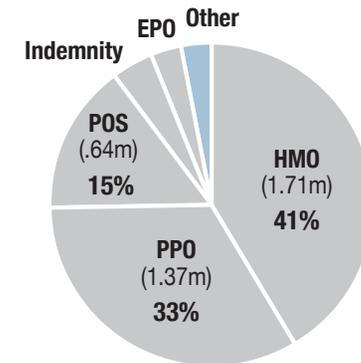
Notes: Data for Health Plans Inc. is included under its parent company, Harvard Pilgrim Health Care. Data for Network Health is included under its parent company, Tufts Health Plan.

Private commercial data includes enrollment in subsidized health plans offered through the Massachusetts Health Connector (ConnectorCare and Advance Premium Tax Credits).

By Funding Type



By Product Type

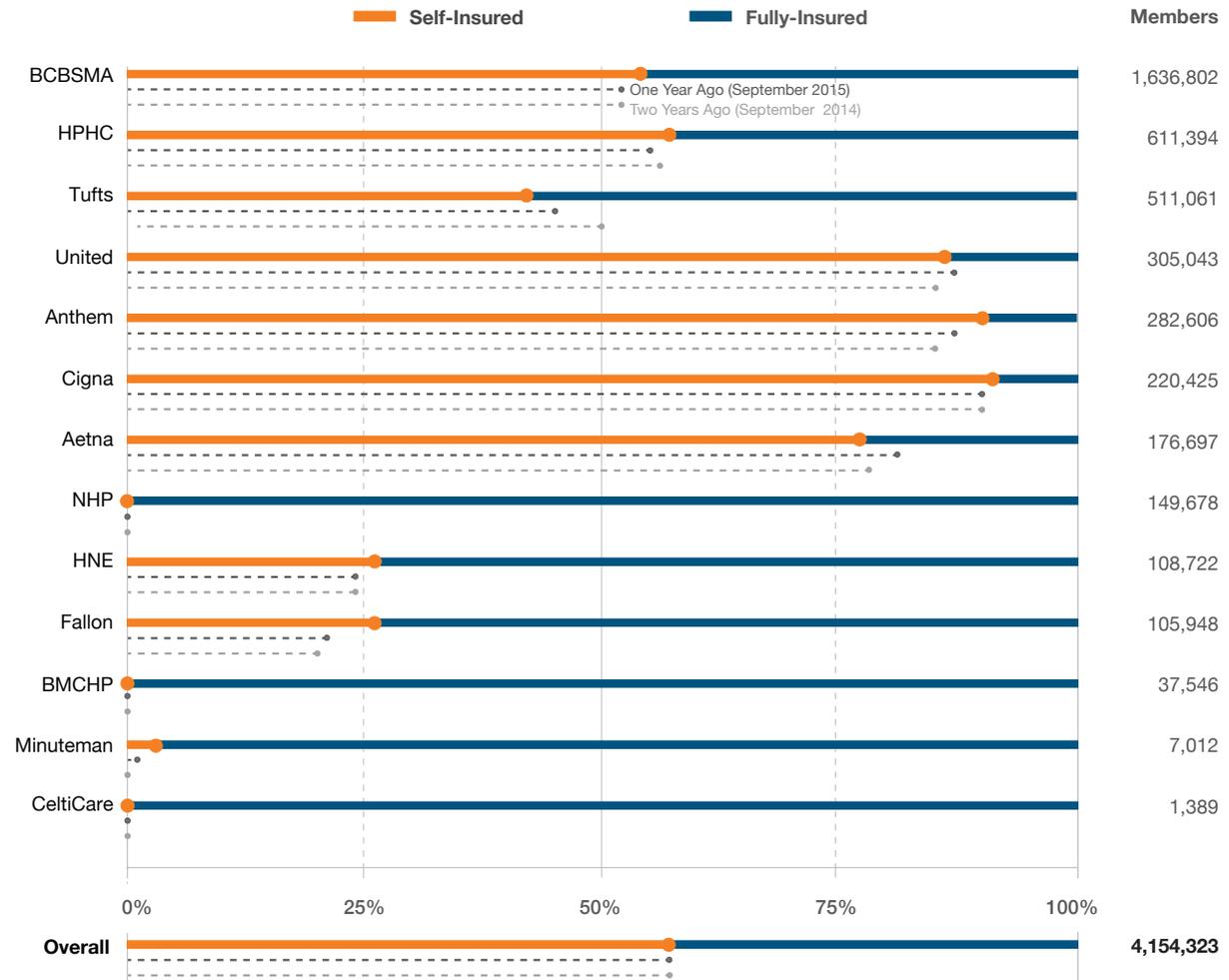


PRIVATE COMMERCIAL

Private Commercial Enrollment by Payer and Funding Type

September 2016

In September 2016, 57% of Massachusetts residents with private commercial insurance were covered under a self-insured arrangement. This proportion remained unchanged over the preceding two years.



Funding Types

Fully-Insured: A fully-insured employer contracts with a payer to cover pre-specified medical costs for its employees and employee-dependents.

Self-Insured: A self-insured employer takes on the financial responsibility and risk for its employees and employee-dependents' medical costs, paying payers or third party administrators to administer their claims.

Source: MA APCD, supplemental payer data

Notes: Membership for Health Plans Inc. is included under its parent company, Harvard Pilgrim Health Care. Membership for Tufts Health Public Plans (formerly Network Health) is included under its parent company, Tufts Health Plan.

Private commercial data includes enrollment in subsidized health plans offered through the Massachusetts Health Connector (ConnectorCare and Advance Premium Tax Credits).

PRIVATE COMMERCIAL

Private Commercial Enrollment by Employer Size and Funding Type

September 2016

In September 2016, eight in ten Massachusetts residents receiving their primary, medical coverage through an employer with more than 500 employees were covered under a self-insured arrangement. Self-insured adoption by smaller employers, however, remained low. Nearly all members in the Massachusetts merged market (individual and small group sectors) were enrolled in fully-insured plans.

According to CHIA's [2016 Annual Report on the Performance of the Massachusetts Health Care System](#), 31% of individual members and 47% of small group members were enrolled in high deductible health plans (HDHPs) in 2015, the most recent year for which data was available. Overall, one-third of fully-insured Massachusetts members were enrolled in HDHPs, a 12% increase from the prior year.¹

Market Sectors

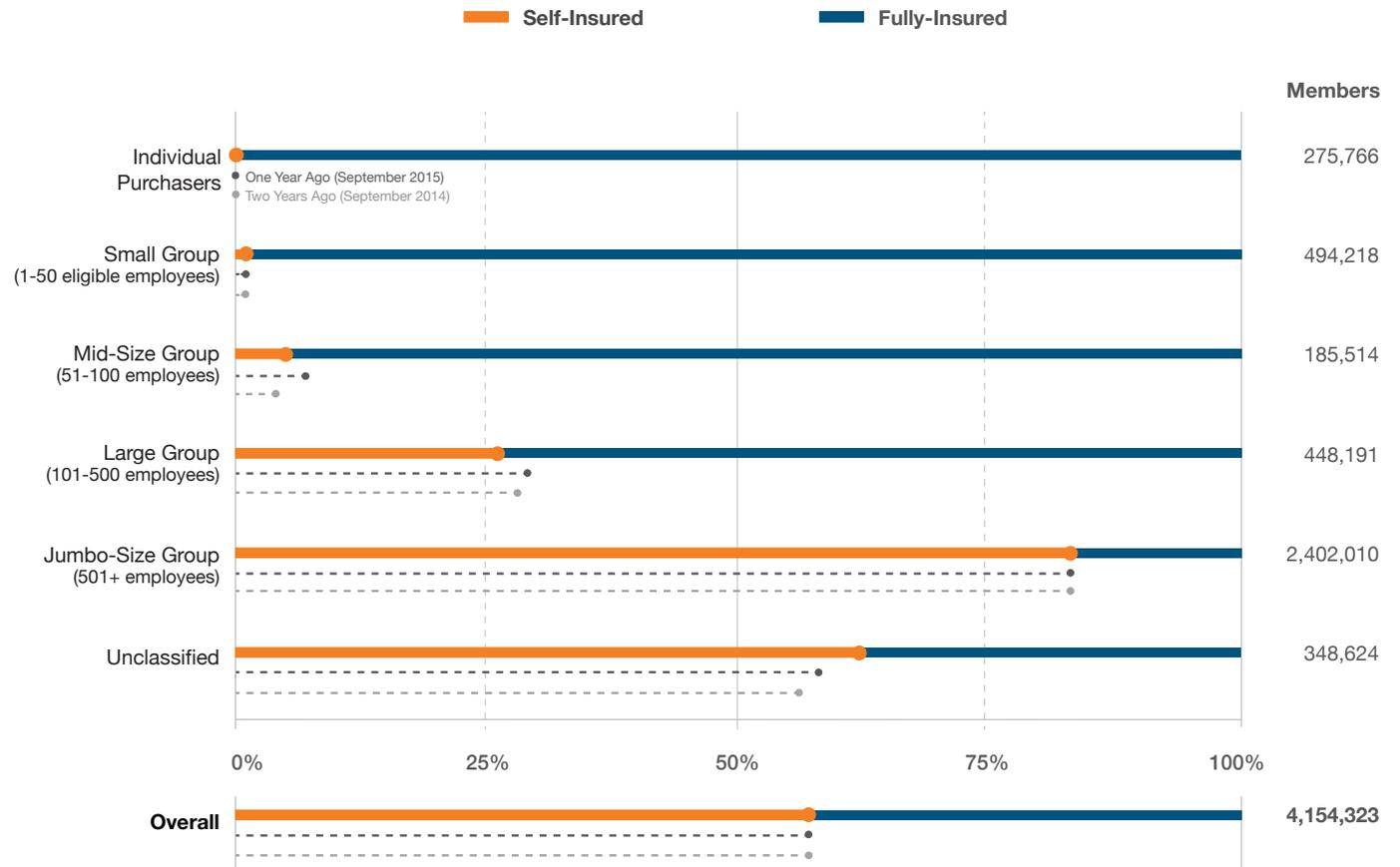
Individual: Individual contract with payer; includes individual purchases through the Massachusetts Health Connector

Small Group: Employer groups with 1-50 eligible employees

Mid-Size Group: Employer groups with 51-100 employees

Large Group: Employer groups with 101-500 employees

Jumbo Group: Employer groups with more than 500 employees



Source: MA APCD, supplemental payer data

Notes: "Unclassified" includes members whose market sector was not differentiated in the data. Most of these members are federal employees or "host members" with contracts issued in other states. Employers offering multi-state plans are likely large or jumbo group employers. See [technical appendix](#) for details.

Private commercial data includes enrollment in subsidized health plans offered through the Massachusetts Health Connector (ConnectorCare and Advance Premium Tax Credits).

¹ Based on contract-membership. Data specifications differ slightly between reports; see technical appendices for more information.

PRIVATE COMMERCIAL

Private Commercial Enrollment by Product Type and Funding Type

September 2016

Approximately 73% of HMO members in September 2016 were covered under fully-insured plans compared to just 26% of PPO members. Fully-insured HMO membership increased by three percentage points since September 2014, as new Qualified Health Plan (QHP) enrollees, largely enrolled in HMO plans, entered the market.

Product Types

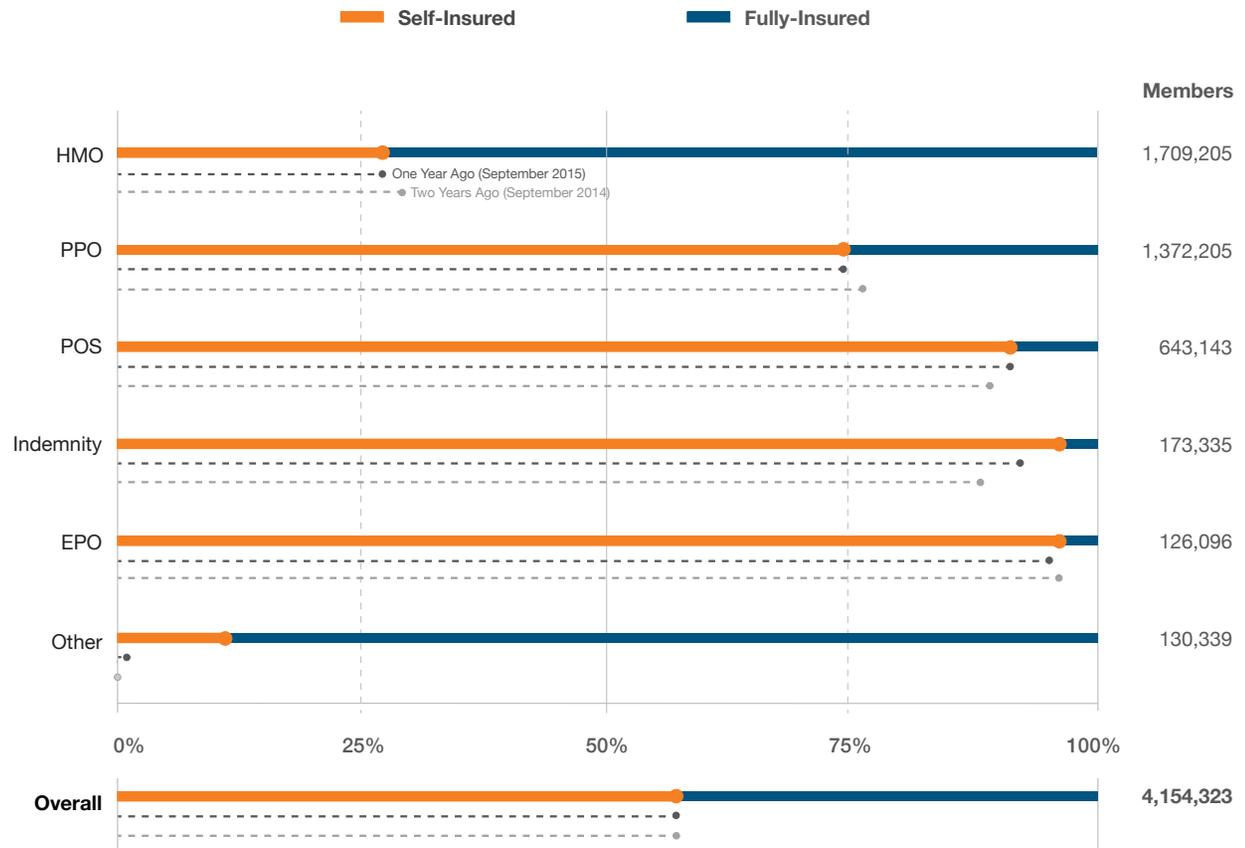
Health Maintenance Organization (HMO): Plans with a closed network of providers, outside of which non-emergency coverage is not provided; generally require members to coordinate care through a PCP.

Preferred Provider Organization (PPO): Plans with a network of "preferred providers," although members may obtain coverage outside the network at higher levels of cost-sharing; generally do not require members to select a PCP.

Point of Service (POS): Plans that require members to coordinate care through a PCP and use in-network providers for the lowest cost-sharing. As with PPO plans, out-of-network providers are covered at a higher cost to the member.

Indemnity: Plans that offer access to any licensed medical provider.

Exclusive Provider Organization (EPO): Plans with a closed network of providers; may not require members to coordinate care through a PCP.



Source: MA APCD, supplemental payer data

Notes: "Other" includes plans that were not identified by another product type shown here.

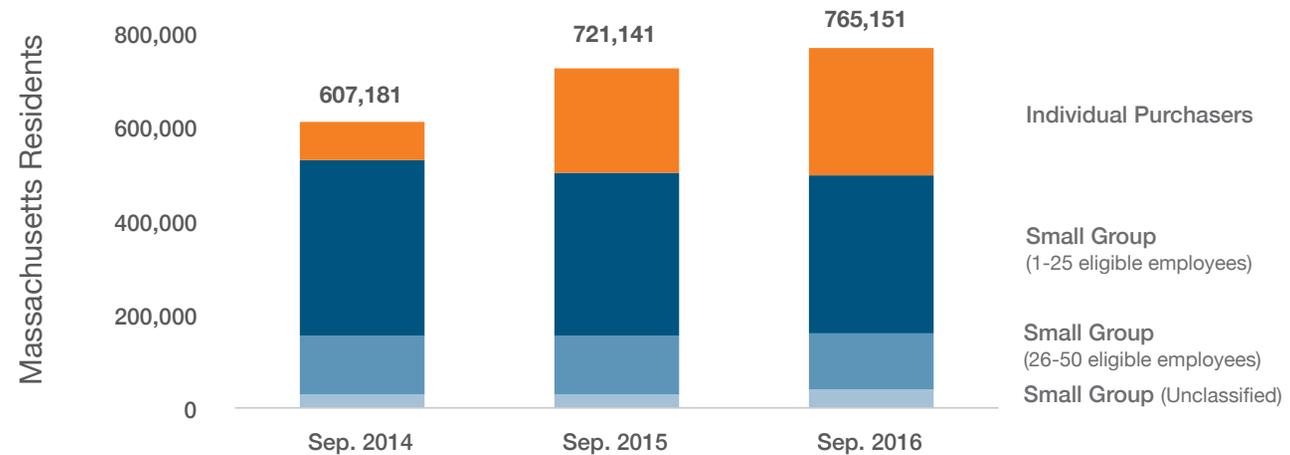
Private commercial data includes enrollment in subsidized health plans offered through the Massachusetts Health Connector (ConnectorCare and Advance Premium Tax Credits).

PRIVATE COMMERCIAL

Merged Market Enrollment by Employer Size

September 2014 - September 2016

The Massachusetts merged market includes private commercial insurance sold to individuals or small groups (50 or fewer eligible employees). Between September 2014 and September 2016, the merged market grew by 158,000 members. The number of individual purchasers in the market increased 23% from September 2015 to September 2016, compared to 165% enrollment growth in the previous year. Massachusetts small group enrollment decreased during this time, with members of the smallest employer groups (1 to 25 eligible employees) experiencing the steepest declines (-5% from September 2015 to September 2016 and -6% in the previous year).¹



Purchaser	Members		One-Year Change	
	Sep. 2015	Sep. 2016	Absolute	Percentage
Individual	224,666	275,766	51,100	23%
Small Group (1-25 Eligible Employees)	347,783	332,068	-15,715	-5%
Small Group (26-50 Eligible Employees)	118,172	115,249	-2,923	-2%
Small Group (Unclassified) ²	30,520	42,068	11,548	38%
Total	721,141	765,151	44,010	6%

Source: MA APCD, supplemental payer data

Notes: This data includes all fully-insured individual and small group enrollment, a small portion of which (e.g., group conversion plans, grandfathered plans) may not be considered part of the Massachusetts merged market.

Private commercial data includes enrollment in subsidized health plans offered through the Massachusetts Health Connector (ConnectorCare and Advance Premium Tax Credits).

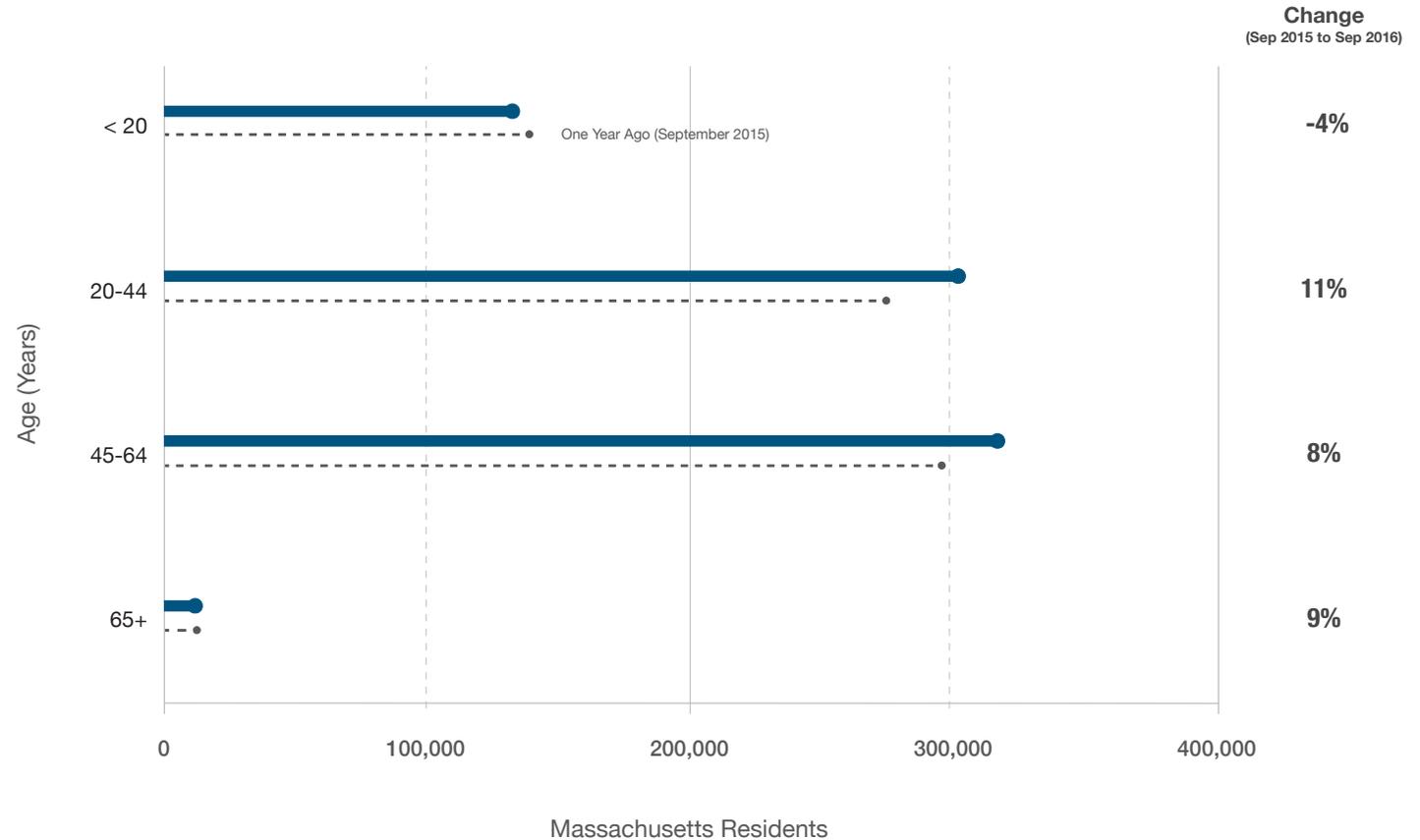
¹ In 2016, the Health Connector began requiring sole proprietors to purchase individual policies in compliance with provisions of the Affordable Care Act. Prior to this year, they had been eligible to purchase small group policies. For more information, see https://www.mahealthconnector.org/wp-content/uploads/ACA_Employer_Guide_Final_120213.pdf. This change in classification may have contributed to observed declines in small group enrollment during the reporting period.

² Certain small groups obtaining coverage through small group purchasing cooperatives could not be further classified by employer size in the data.

Merged Market Enrollment by Age

September 2016

The age distribution of members in the Massachusetts merged market showed few changes between September 2015 and September 2016. Approximately four out of five merged market enrollees (81%) were between 20 and 64 years of age in September 2016. Enrollment increases were concentrated among members 20 years and older.



Source: MA APCD

Notes: This data includes fully-insured individual and small group enrollment, a small portion of which (e.g., group conversion plans, grandfathered plans) may not be considered part of the Massachusetts merged market. Demographic data was unavailable for Aetna, Anthem, and Cigna; membership for these payers was excluded from the graphic and represents approximately 4% of all fully-insured individual and small group enrollment. Data sourcing differs slightly from other pages in the report; see [technical appendix](#).

Private commercial data includes enrollment in subsidized health plans offered through the Massachusetts Health Connector (ConnectorCare and Advance Premium Tax Credits).

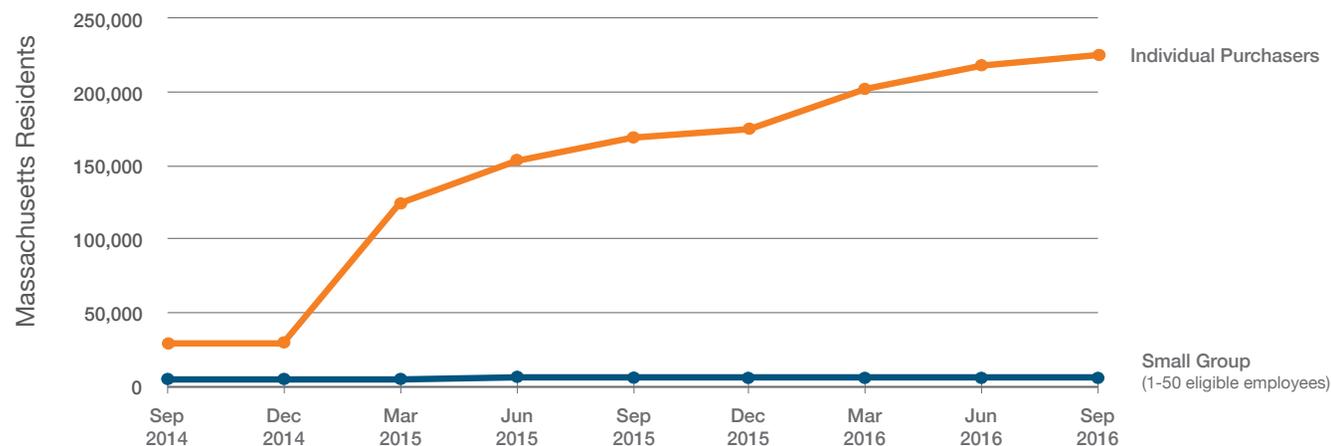
PRIVATE COMMERCIAL

Massachusetts Health Connector QHP Enrollment

September 2014 - September 2016

Between September 2014 and September 2016, the number of individuals purchasing coverage through the Massachusetts Health Connector grew from just under 30,000 members in September 2014 to almost 226,000 members two years later. As of September 2016, approximately 78% of individual purchasers qualified for and enrolled in ConnectorCare plans with reduced premiums and cost-sharing subsidies.

Growth in plans offered by small employers was more modest; in September 2016 the Health Connector's 6,000 small group members comprised just 3% of its overall membership.



Purchaser and Plan Description	Members				One-Year Change	
	Sep. 2015		Sep. 2016		Absolute	Percentage
Individual Purchasers Total	168,643	100%	225,760	100%	57,117	34%
ConnectorCare (0 - 300% FPL)	124,340	74% ¹	176,153	78%	51,813	42%
QHP with APTC (≤400% FPL)	7,051	4%	8,018	4%	967	14%
Unsubsidized QHP (>400% FPL)	37,252	22%	41,589	18%	4,337	12%
Small Group Total	5,760		6,104		344	6%
Massachusetts Health Connector Total	174,403		231,864		57,461	33%

Advance Premium Tax Credits (APTC): Federal tax credits which may be paid in advance to reduce monthly premiums for QHP members who qualify.

ConnectorCare: A set of QHPs offering lower monthly premiums and lower out-of-pocket costs, which are partially funded by the Commonwealth.

Qualified Health Plan (QHP): A health plan certified by the Massachusetts Health Connector to meet benefit and cost-sharing standards.

Source: Massachusetts Health Connector

Notes: Member counts are as of the first business day of the corresponding month and exclude prospective membership.

Private commercial data includes enrollment in subsidized health plans offered through the Massachusetts Health Connector (ConnectorCare and Advance Premium Tax Credits).

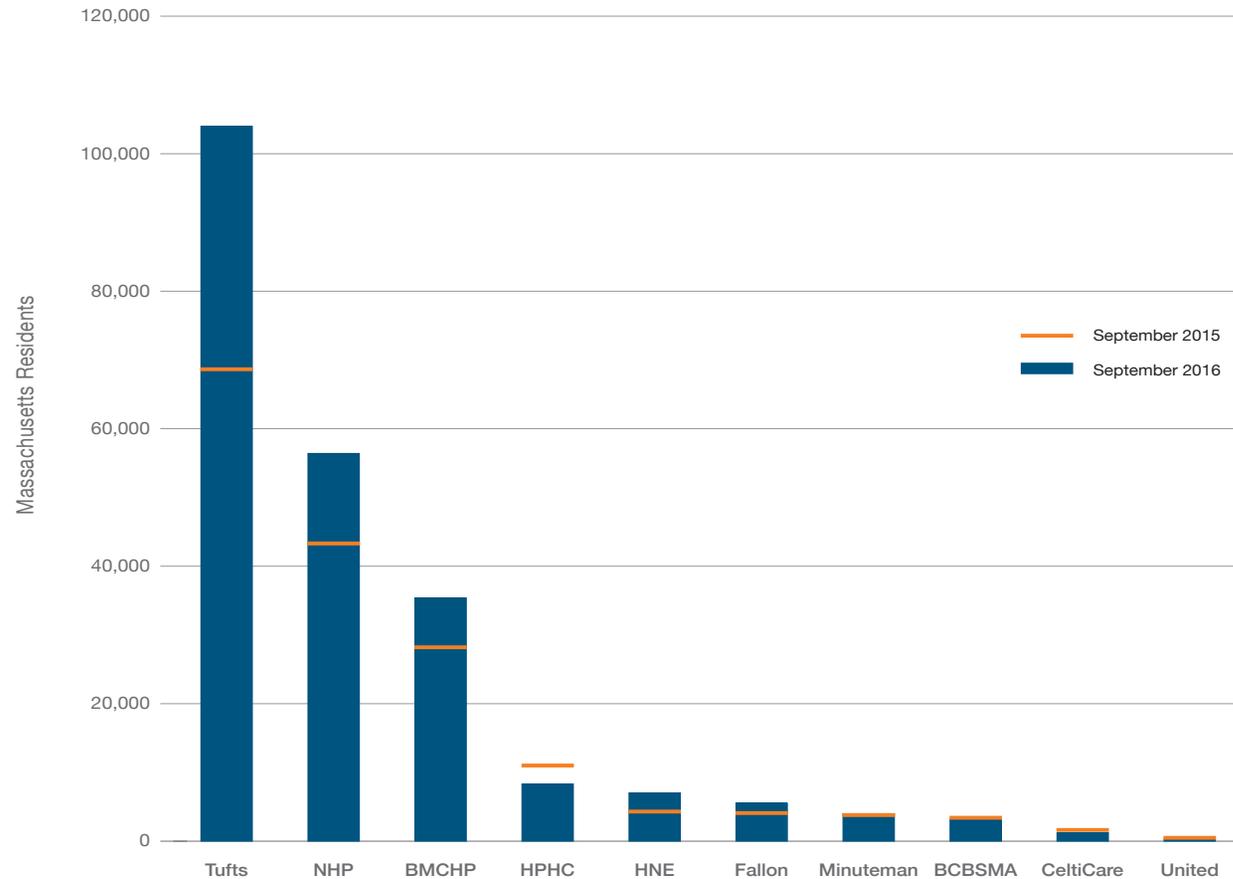
¹ Percentage of Health Connector individual purchasers.

Massachusetts Health Connector Individual QHP Enrollment by Payer

September 2015 - September 2016

Ten Massachusetts payers offered QHPs through the Health Connector in September 2016.

Tufts continued to have the largest individual QHP membership (104,000 members in September 2016) and one of the fastest growing (+52% from September 2015 to September 2016). Its enrollment was nearly double that of NHP, the next largest plan (56,000 members in September 2016).



Source: Massachusetts Health Connector

Notes: Does not include Health Connector small group enrollment. Membership for Tufts Health Public Plans (formerly Network Health) is included under its parent company, Tufts Health Plan.

Private commercial data includes enrollment in subsidized health plans offered through the Massachusetts Health Connector (ConnectorCare and Advance Premium Tax Credits).

MassHealth Direct (Primary) Coverage

September 2014 - September 2016

1.31 Million Primary, Medical Members (<1% Since September 2015)

Overall MassHealth Direct (Primary) enrollment held steady between September 2015 and September 2016 (+3,000 members, <1%). Within MassHealth, membership in the MCO delivery system increased slightly (+7,000 members, +1%) during the year. Membership also increased in its PCC Plan delivery system (+14,000 members, +4%). Starting in October 2015, members eligible for CarePlus coverage had the option to enroll in the PCC Plan; CarePlus was previously delivered primarily through MCOs.

MassHealth Delivery Systems

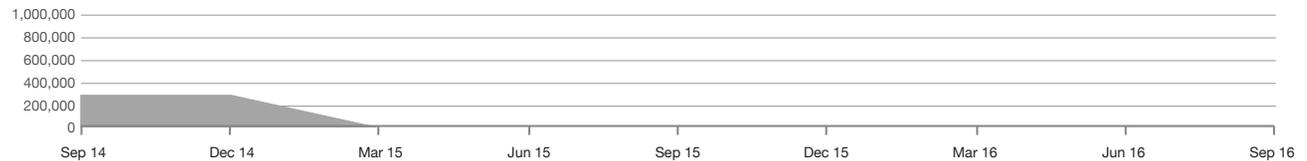
Fee-for-Service (FFS): A delivery system that includes members who receive services through MassHealth on a fee-for-service basis and are not enrolled in a MassHealth managed care option.

Managed Care Organizations (MCO): A system of primary care and other services that are provided and coordinated by MassHealth managed care plans and their networks of qualified providers. Members may receive benefits not covered by the MCO on a fee-for-service basis.

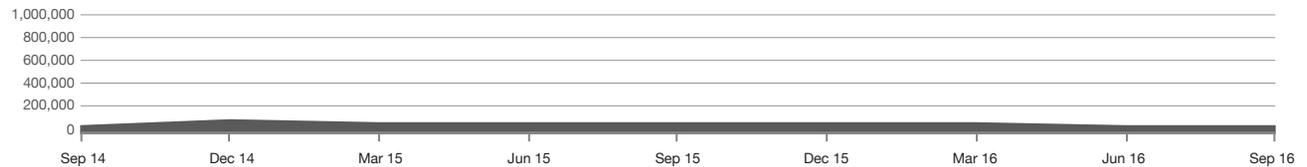
Primary Care Clinician (PCC) Plan: A managed care option administered by MassHealth through which enrolled members receive primary care and other medical services.

See [MassHealth's website](#) for more information.

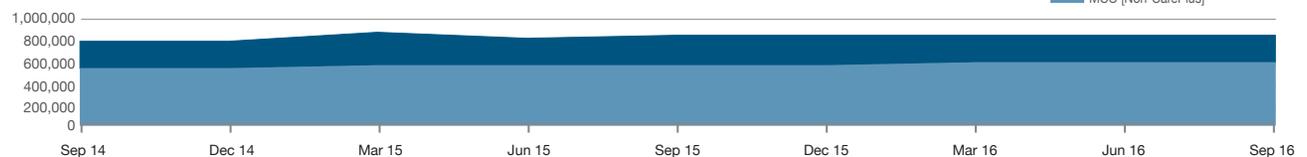
MassHealth Temporary



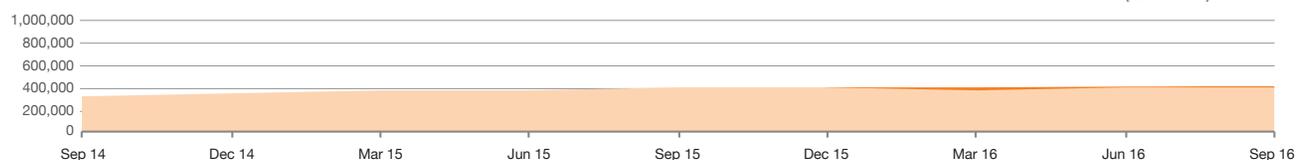
MassHealth Fee-for-Service (FFS)



MassHealth Managed Care Organizations (MCO)



MassHealth Primary Care Clinician (PCC) Plan



Source: MA APCD

Notes: Enrollment shown only for members with primary coverage. Between January 2014 and February 2015, MassHealth provided temporary coverage to individuals awaiting eligibility determination for subsidized coverage from the Health Connector. CarePlus is a new MassHealth coverage type introduced as part of the ACA Medicaid expansion on January 1, 2014. CarePlus also exists in the FFS delivery system but has not been broken out in this graphic. The majority of members in the FFS population have other forms of insurance and are not included here. Members in SCO, One Care, and PACE are also not included.

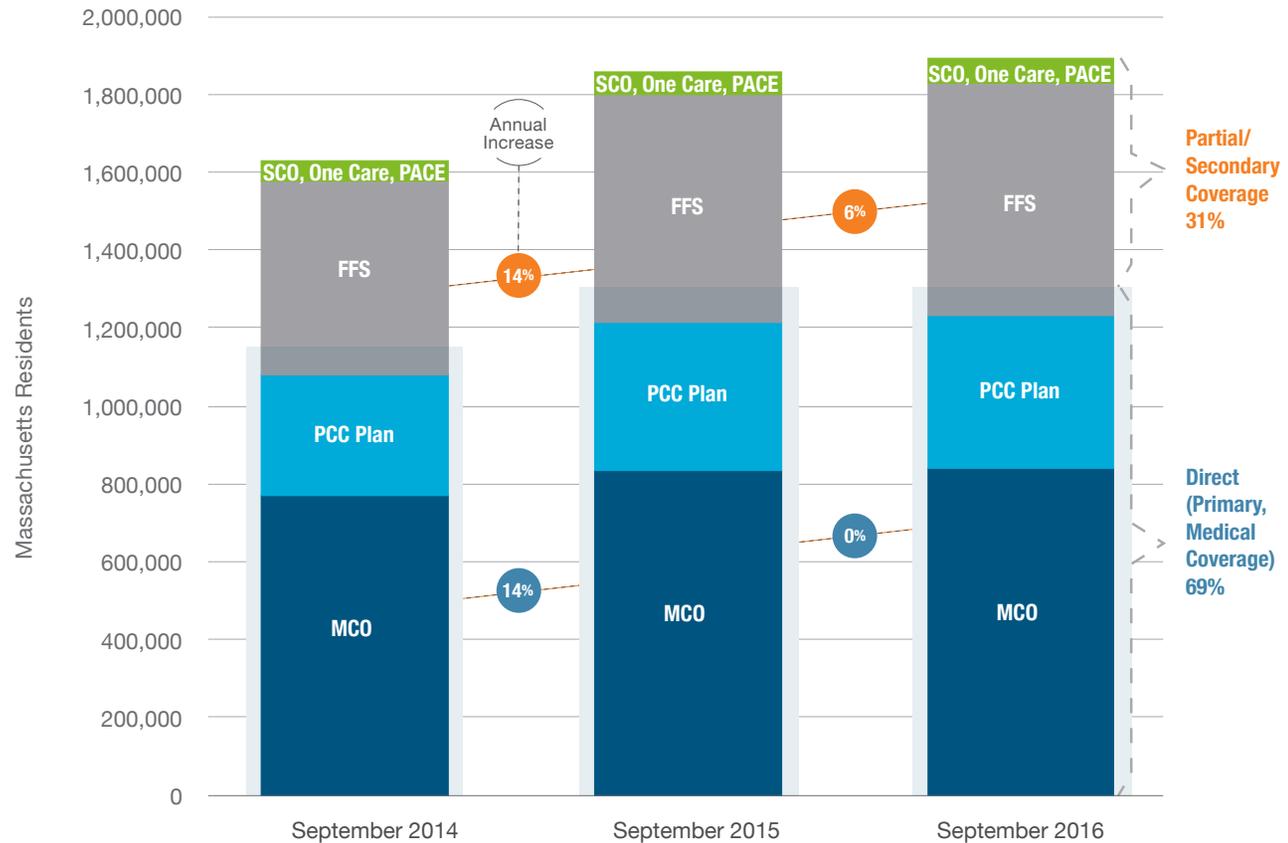
The logic used to classify the MassHealth population has changed. Numbers in this report should not be compared to numbers in previously published Enrollment Trends reports. See [technical appendix](#) for more information.

MASSHEALTH

Total MassHealth Members by Delivery System

September 2014 - September 2016

In September 2016, approximately 1.3 million Massachusetts residents relied on MassHealth for their primary, medical coverage, similar to September 2015. Notably, another 577,000 residents received partial or secondary coverage from MassHealth, growing by 6% (+31,000 members) since September 2015. The overall MassHealth population grew by 2% in this timeframe. The majority of members in the FFS delivery system have other forms of insurance. MassHealth may provide significant services to eligible members when medically necessary services are not covered by the primary insurance.



Direct Coverage: Primary, medical coverage provided by MassHealth, where members have no other primary insurance coverage and are not receiving premium assistance.

Partial/Secondary Coverage: Coverage provided by MassHealth to eligible members who receive primary coverage from other insurance (e.g., Medicare, other commercial insurance), in some cases through premium assistance. This category also includes non-comprehensive coverage, such as MassHealth Limited, which covers only emergency services.

Senior Care Options (SCO), One Care, Program of All-inclusive Care for the Elderly (PACE): Specialized managed care programs primarily for individuals with both MassHealth and Medicare coverage. See [Glossary](#) for further detail.

Source: MA APCD

Notes: MassHealth "Direct" includes only members with primary, medical coverage through MassHealth. Members in SCO, One Care, and PACE are shown under Partial/Secondary because the vast majority have Medicare as the primary insurer. In September 2016, approximately 92% of SCO members and 93% of PACE members also had Medicare. All data was sourced from MassHealth submissions to the MA APCD.

This graphic does not include the Temporary population (301K in September 2014). September 2015 and September 2016 include a portion of the MassHealth Temporary population that re-enrolled in MassHealth after temporary coverage ended in 2015.

For more information on MassHealth, see CHIA's [MassHealth Baseline Statistics from the MA APCD](#).

The logic used to classify the MassHealth population has changed. Numbers in this report should not be compared to numbers in previously published Enrollment Trends reports. See [technical appendix](#) for more information.

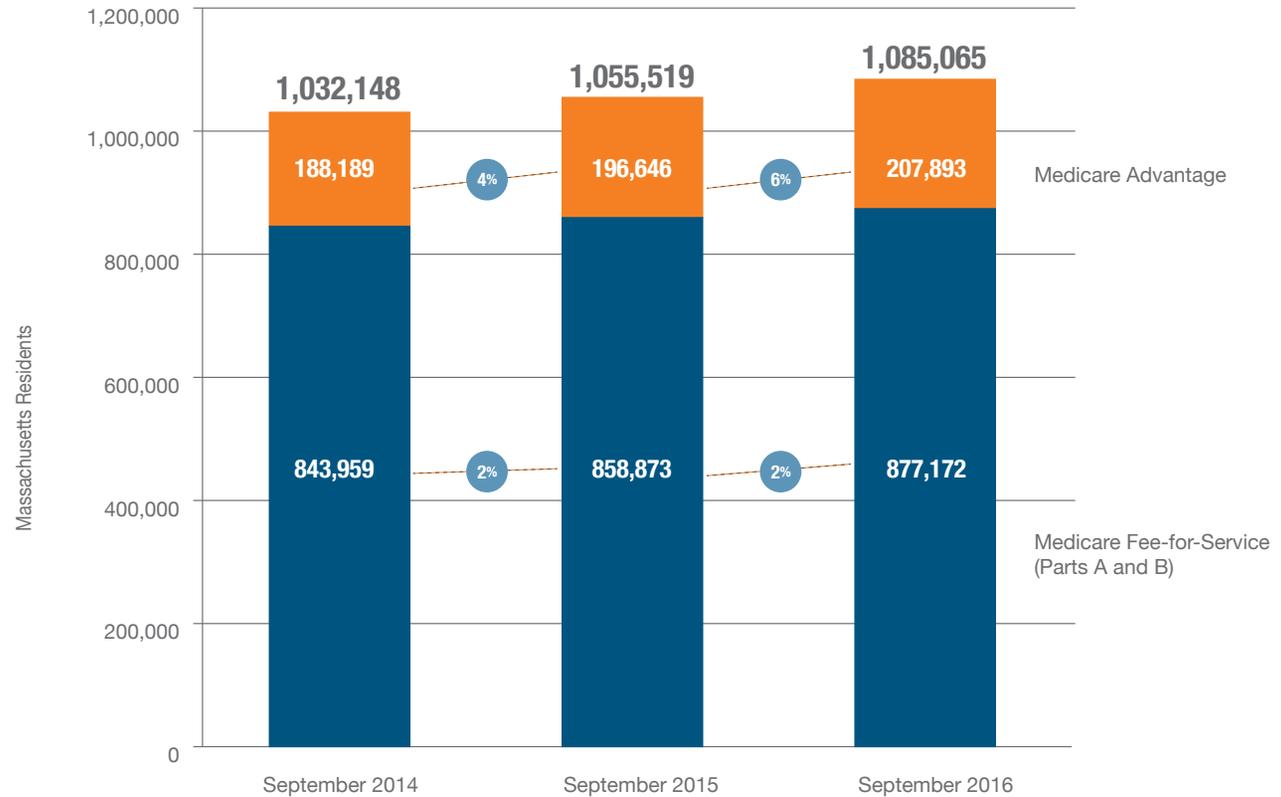
MEDICARE

Medicare Enrollment by Delivery System

September 2014 - September 2016

1.09 Million Primary, Medical Members (+3% Since September 2015)

A growing number of Massachusetts residents received primary, medical insurance coverage from Medicare, totaling nearly 1.1 million in September 2016. Although a majority (81%) of Massachusetts Medicare beneficiaries (excluding SCO, One Care, and PACE) were enrolled in traditional Medicare Fee-For-Service (FFS) in September 2016, Medicare Advantage membership grew at a faster rate (6% vs. 2%) from 2015 to 2016.



Medicare Fee-For-Service (FFS): Sometimes called traditional Medicare, FFS allows beneficiaries to seek care from any provider that accepts Medicare. Medicare FFS is comprised of Part A (inpatient coverage) and Part B (outpatient coverage).

Medicare Advantage: A Medicare managed care plan offered by commercial payers to provide beneficiaries with all Part A and Part B benefits, sometimes including prescription drug benefits (Part D) and/or vision, hearing, or dental benefits.

Source: MA APCD, CMS

Notes: Medicare Advantage excludes enrollment in SCO, One Care, and PACE, which are reported separately. Medicare FFS includes only beneficiaries with both Part A and Part B coverage. Medicare FFS enrollment includes members who are dually eligible for MassHealth and receiving services through the MassHealth FFS delivery system.

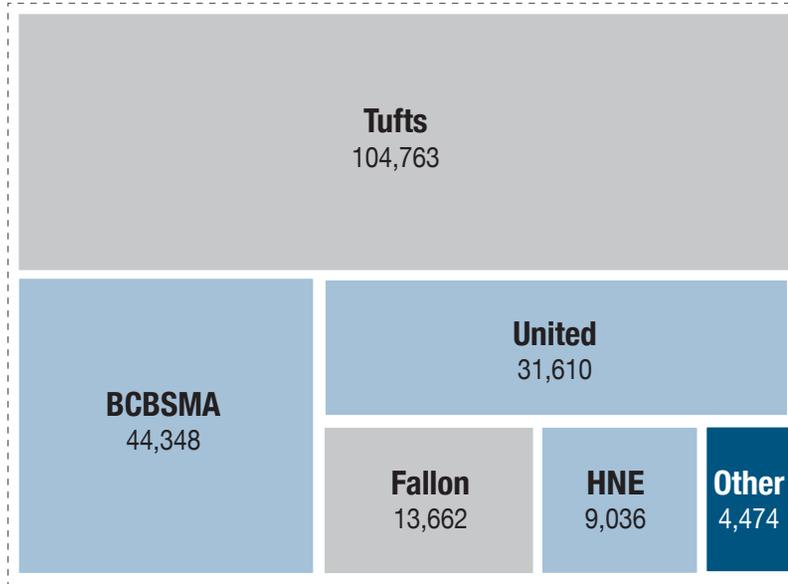
MEDICARE

Medicare Advantage Enrollment by Payer

September 2016

208,000 Primary, Medical Members (+6% Since September 2015)

Massachusetts Medicare Advantage enrollment grew by over 11,000 members (+6%) between September 2015 and September 2016. More than half of beneficiaries (51%) were enrolled through Tufts in September 2016, although the next two largest plans, BCBSMA and United, added a greater number of new members over the preceding year. HPHC, which entered Massachusetts's Medicare Advantage market in 2014, grew to 1,463 members by September 2016.



Change Over Past Year



Source: MA APCD, CMS

Notes: Medicare Advantage excludes enrollment in SCO, One Care, and PACE.

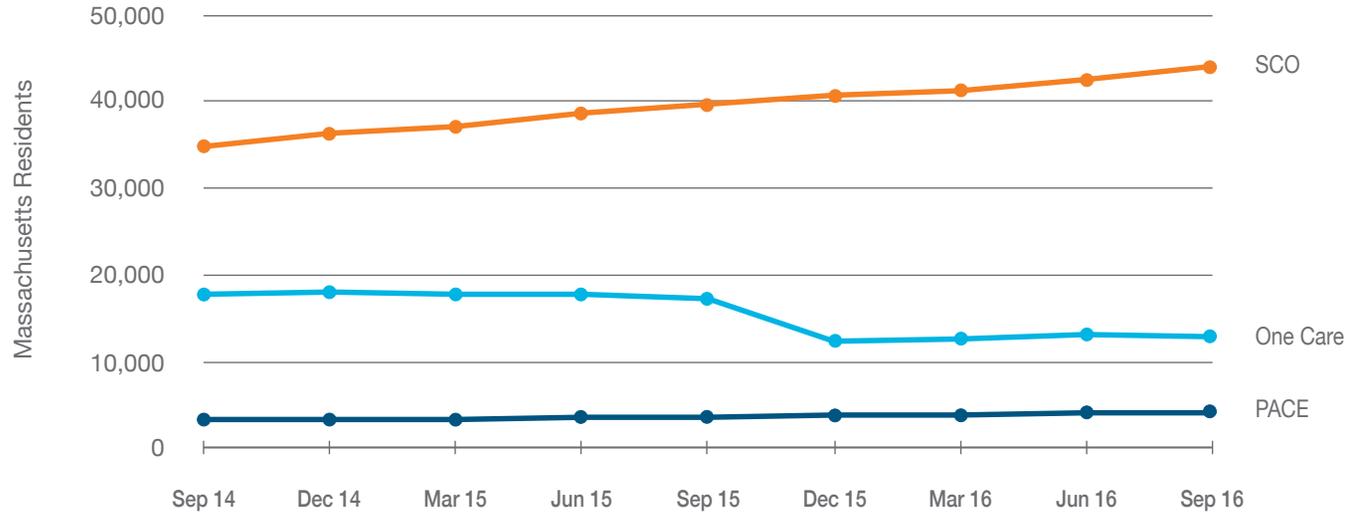
SCO, ONE CARE, PACE

SCO, One Care, and PACE Enrollment

September 2014 - September 2016

Massachusetts residents eligible for both MassHealth and Medicare may qualify for and choose to enroll in one of several managed care programs to receive MassHealth and Medicare covered services. These programs include SCO, One Care, and PACE.

In September 2016, SCO membership was approximately 44,000, an 11% increase from the previous year. PACE enrollment also increased to 4,000 members (+14%). One Care declined by 24% from the previous year to 13,000 members, following Fallon's closure of its One Care business (Fallon Total Care) at the end of September 2015.



Program	Members		One-Year Change	
	Sep. 2015	Sep. 2016	Absolute	Percentage
Senior Care Options (SCO)	39,762	44,040	4,278	11%
One Care	17,146	12,980	-4,166	-24%
Program of All-inclusive Care for the Elderly (PACE)	3,619	4,114	495	14%
Total	60,527	61,134	607	1%

Senior Care Options (SCO): A fully capitated Medicare and Medicaid managed care program for those 65 and older.

One Care: A fully capitated program for individuals with disabilities between the ages of 21 and 64 who are eligible for both Medicare and Medicaid. One Care began on October 1, 2013.

Program of All-inclusive Care for the Elderly (PACE): A fully capitated Medicare and Medicaid managed care program for those 55 and older.

Source: MA APCD

Notes: Fallon Total Care ended its participation in One Care as of September 30, 2015; it served members in Hampden, Hampshire, and Worcester counties. One Care auto-assignments occurred on 1/1/2014, 4/1/2014, 7/1/2014, 11/1/2014, 1/1/2016, and 5/1/2016. Rounds 4, 5 and 6 consisted only of auto-assignments to Tufts Health Unify. As of September 2016, 92% of SCO members and 93% of PACE members also had Medicare.

The logic used to classify the MassHealth population has changed. Numbers in this report should not be compared to numbers in previously published Enrollment Trends reports. See [technical appendix](#) for more information.

Glossary

Private Commercial Insurance Terminology

Advance Premium Tax Credits (APTC): Federal tax credits which may be paid in advance to reduce monthly premiums for Qualified Health Plan members who qualify.

ConnectorCare: A set of Qualified Health Plans offering lower monthly premiums and lower out-of-pocket costs, which are partially funded by the Commonwealth.

Funding Types: The segmentation of health plans into two types—fully-insured and self-insured—based on how they are funded.

- **Fully-Insured:** A fully-insured employer contracts with a payer to cover pre-specified medical costs for its employees and employee-dependents.
- **Self-Insured:** A self-insured employer takes on the financial responsibility and risk for its employees' and employee-dependents' medical costs, paying payers or third party administrators to administer their claims.

Market Sectors (Employer Size):

- **Individual:** Individual contract with payer; includes individual purchases through the Massachusetts Health Connector
- **Small Group:** Employer groups with 1-50 eligible employees
- **Mid-Size Group:** Employer groups with 51-100 employees
- **Large Group:** Employer groups with 101-500 employees
- **Jumbo Group:** Employer groups with more than 500 employees

Merged Market: The combined health insurance market through which both individual (or non-group) and small group plans are purchased.

Qualified Health Plan (QHP): A health plan certified by the Massachusetts Health Connector to meet ACA benefit and cost-sharing standards.

Product Types: The segmentation of health plans along the lines of provider networks.

- **Exclusive Provider Organization (EPO):** Plans with a closed network of providers; may not require members to coordinate care through a PCP.
- **Health Maintenance Organization (HMO):** Plans with a closed network of providers, outside of which non-emergency coverage is not provided; generally require members to coordinate care through a PCP.
- **Indemnity:** Plans that offer access to any licensed medical provider.
- **Point of Service (POS):** Plans that require members to coordinate care through a PCP and use in-network providers for the lowest cost-sharing. As with PPO plans, out-of-network providers are covered at a higher cost to the member.
- **Preferred Provider Organization (PPO):** Plans with a network of “preferred providers,” although members may obtain coverage outside the network at higher levels of cost-sharing; generally do not require members to select a PCP.

Glossary (Continued)

Public Program Terminology

Commonwealth Care (CommCare): A state program that provided coverage to low- and moderate-income Massachusetts residents.

MassHealth Delivery Systems: For the purposes of reporting enrollment, a delivery system reflects the primary method by which a member's benefits are delivered—either fee-for-service or under a managed care arrangement.

- **Fee-for-Service (FFS):** A delivery system that includes members who receive services through MassHealth on a fee-for-service basis and are not enrolled in a MassHealth managed care option.
- **Managed Care Organizations (MCO):** A system of primary care and other services that are provided and coordinated by MassHealth managed care plans and their networks of qualified providers. Members may receive benefits not covered by the MCO on a fee-for-service basis.
- **Primary Care Clinician (PCC) Plan:** A managed care option administered by MassHealth through which enrolled members receive primary care and other medical services.

MassHealth Direct Coverage: Primary, medical coverage provided by MassHealth.

MassHealth Partial/Secondary Coverage: Coverage provided by MassHealth to eligible members who receive primary coverage from other insurance, in some cases through premium assistance to support the obtainment of primary coverage from an alternate source. MassHealth may provide significant services to eligible members when medically necessary services are not covered by the primary insurance. This category also includes non-comprehensive coverage, such as MassHealth Limited, which covers only emergency services.

MassHealth Temporary: Between January 2014 and February 2015, MassHealth provided temporary coverage to individuals awaiting eligibility determination of subsidized coverage from the Health Connector.

Medical Security Program (MSP): A state program that provided coverage to Massachusetts residents receiving uninsurance benefits.

Medicare Advantage: A Medicare managed care plan offered by commercial payers to provide beneficiaries with all Part A and Part B benefits, sometimes including prescription drug benefits (Part D) and/or vision, hearing or dental benefits.

Medicare Fee-For-Service (FFS): Sometimes called traditional Medicare, FFS allows beneficiaries to seek care from any provider that accepts Medicare. Medicare FFS is comprised of Part A (inpatient coverage) and Part B (outpatient coverage). Enrollment Trends counts only beneficiaries enrolled in both Parts A and B (see [technical appendix](#) for more detail).

One Care: A fully capitated program for individuals with disabilities between the ages of 21 and 64 who are eligible for both Medicare and Medicaid. Members are provided all Medicare and MassHealth benefits as well as a care coordinator, dental benefits, and additional behavioral health and support services. One Care began on October 1, 2013.

Program of All-inclusive Care for the Elderly (PACE): A fully capitated Medicare and Medicaid managed care program for those 55 and older and managed jointly by the Centers for Medicare and Medicaid Services (CMS) and MassHealth.

Senior Care Options (SCO): A fully capitated Medicare and Medicaid managed care program for those 65 and older and managed jointly by the Centers for Medicare and Medicaid Services (CMS) and MassHealth.



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